

RACER REGISTRATION FORM

Name: _____

DOB: _____ Age on Race Day: _____

Mailing Address: _____

Email _____

Phone _____

Adult Shirt Size: S M L XL

Kids Sizes: S M L

Are you racing with a group? Yes No

*Please write team name or group members on the back of your registration. This will help us put groups in the same wave. At this time, there are no team awards.

_____ **Main Race** (Thru DEC 5th): **\$40** (DEC 6-DEC 11th): **\$55**

_____ **Kids Race** (Thru DEC 11th): **\$10**

Must be signed up by DEC 8th to be guaranteed a race shirt.

Payment by CASH or CHECK accepted **IN PERSON** at
United Way of Big Bend - 307 E 7th Ave, Tallahassee, FL
32303. DO NOT MAIL.

Make Check Payable: United Way of Big Bend



12/13/14

THURSDAY, DEC 11TH

5:00-8:00PM

PRE RACE PACKET PICK UP
CHECK WEBSITE FOR
LOCATION

SATURDAY, DEC 13TH

RACE DAY PACKET PICK UP

7:30-9:00AM

FIRST WAVE @ 9:30AM

KIDS RACE @ 10:45AM

HOSTED BY:



BENEFITING:



United Way of the Big Bend

As a participant in the Wide Open Rush Challenge (hereinafter "Event"), I, for myself, my heirs, and assigns, do hereby release and hold harmless Leon County, Florida, its employees, officers, volunteers, and agents (hereinafter "Releasees") from any and all claims of liability, damages, or any other claims or causes of action whatsoever arising from or growing out of my participation or the participation of my child in the Event. I understand that this Event contains some inherently dangerous elements that present extreme obstacles and, therefore, I expressly acknowledge and agree that the activities contained in the Event involve the risk of serious injury, death, and/or property damage. Furthermore, I understand and agree that Releasees will not be held responsible for any personal item that is lost, damaged, or stolen. I hereby state that I am in good physical condition and am able to safely participate in the Event and that I have no medical condition that would make my participation in the Event more hazardous. I agree not to consume alcohol prior to the Event or use any medicine or substance that will inhibit my mental or physical ability to safely participate in the Event. I, hereby, consent to medical care and transportation in order to obtain treatment in the case of injury or fatigue, if deemed necessary by medical professionals. I agree to obey all posted rules and warnings, to follow any and all instructions or directions given by the Event organizers, staff, or volunteers and understand that failure to abide by such rules may result in my disqualification and ejection from the Event. I understand and agree that pets, wheeled baby conveyances, and other small apparatuses are not permitted on the Event course. I hereby consent to the use of my image in photographs, motion pictures, or recordings taken during the Event and I hereby irrevocable grant to Leon County, its affiliates, licensees, and collaborators the absolute right and permission to use my likeness and/or voice for any lawful purpose.

Signature of Participant: _____ DATE: _____

If Under 18, signature of parent or guardian Name: _____ Signature: _____